

I authorize my travel payments to be directly deposited into the financial account shown below. I further understand that I must notify PSA WEST CENTRAL PROCESSING SITE OR MY SERVISING PSD of any banking changes that I make to this direct deposit account.

Name: _____
Last First Middle Initial

Social Security Number _____

Work Phone: _____ Home Phone: _____

Financial Institution Name: _____

Date

PRINCIPAL PURPOSES: This form authorizes direct deposit of travel payments to financial institutions to which payment is to be directed.